

# **EXHIBIT 23**

## **Medic West Patient Care Report**

1 **Marquis Aurbach Coffing**  
 2 Craig R. Anderson, Esq.  
 3 Nevada Bar No. 6882  
 4 10001 Park Run Drive  
 5 Las Vegas, Nevada 89145  
 6 Telephone: (702) 382-0711  
 7 Facsimile: (702) 382-5816  
 8 canderson@maclaw.com  
 9 Attorneys for Defendant LVMPD

177556061

RECEIVED MAR 02 2018

## UNITED STATES DISTRICT COURT

## DISTRICT OF NEVADA

8 ESTATE OF (TASHI S. FARMER a/k/a)  
 9 TASHII FARMER a/k/a TASHII BROWN,  
 10 by and through its Special Administrator, Elia  
 11 Del Carmen Solano-Patricio; TAMARA  
 12 BAYLEE KUUMEALI'MAKAMAE  
 13 FARMER DUARTE, a minor, individually  
 14 and as Successor-in-Interest, by and through  
 15 her legal guardian, Stevandra Lk Kuanoni;  
 16 ELIAS BAY KAIMIPONO DUARTE, a  
 17 minor, individually and as Successor-in-  
 18 Interest, by and through his legal guardian,  
 19 Stevandra Lk Kuanoni,

Plaintiffs,

vs.

16 LAS VEGAS METROPOLITAN POLICE  
 17 DEPARTMENT, a political subdivision of  
 18 the State of Nevada; OFFICER KENNETH  
 19 LOPERA, individually and in his Official  
 20 Capacity; and Does I through 50 inclusive,

Defendants.

Case Number:  
 2:17-cv-01946-JCM-PAL

MARQUIS AURBACH COFFING

10001 Park Run Drive  
 Las Vegas, Nevada 89145  
 (702) 382-0711 FAX: (702) 382-5816

SUBPOENA DUCES TECUM

THE STATE OF NEVADA SENDS GREETINGS TO:

SUNRISE HOSPITAL MEDICAL CENTER  
 3186 S. Maryland Parkway  
 Las Vegas, NV 89104

25 **YOU ARE HEREBY COMMANDED**, that all singular, business and excuses set  
 26 aside, you appear and attend on **February 23rd, 2018**, at the hour of **10:00 a.m.**, at the law  
 27 offices of Marquis Aurbach Coffing, 10001 Park Run Drive, Las Vegas, Nevada 89145.

Page 1 of 4

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CLOX HEALTH

MAR 08 2018

27 pgs

Per Michelle ok to release rec. to mail.

DOO 2425051  
DOO 115967880

3186 SOUTH MARYLAND PARKWAY • LAS VEGAS, NV 89109 • WWW.SUNRISEHOSPITAL.COM

Patient: **TASHI S. FARMER**Medical Record Number: **D002425051** HOSPITAL & MEDICAL CENTERFacility: **SUNRISE HOSPITAL**Phone Number: **702-731-8663**Address: **3186 SOUTH MARYLAND PARKWAY**City/State: **LAS VEGAS NEVADA** Zip: **89109****CERTIFICATION OF MEDICAL RECORDS**

To the best of my knowledge, the copied documents, records and other items enclosed are true and correct copies of all original records identified and described in the subpoena duces tecum, patient authorization, or court order made by or at the direction of the custodian of records. The original records were prepared in the ordinary course of the facility's regularly conducted business at or near the time of the act, condition, or event by persons with knowledge of the facts recorded, and the records have been maintained in the ordinary course of the facility's regularly conducted business according to all confidentiality and security requirements of law. This certification is given by the custodian of records instead of the custodian's personal appearance.

We are not aware of any omissions; however, due to the timing of this request it is possible that a portion of the medical record may be incomplete and/or preliminary at this time.

The recipient of these records agrees to maintain their confidentiality and permit further disclosure only as authorized by law.

**Select Only One:**

- ☒ The complete records consisting of 27 pages.
- ☐ The complete records for the time period beginning \_\_\_\_\_ and ending \_\_\_\_\_ consists of \_\_\_\_\_ pages.
- ☐ The copied records consist of \_\_\_\_\_ pages. They are incomplete in the following: \_\_\_\_\_

**CERTIFICATION OF NO RECORDS**

- ☐ A thorough search of requested information carried out under my direction and control revealed that this facility does not have the records described in the patient authorization or the subpoena duces tecum.

**DECLARATION OF CUSTODIAN OF RECORDS**

I, **FRANCES L. OLIVERI, HIMD**, am the duly authorized Custodian of Records of the above named facility. I am familiar with the mode of preparation of, and have the authority to certify, the facility record. I declare under penalty of perjury under the laws of the State of Nevada, County of Clark, that the foregoing is true and correct.

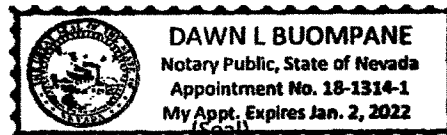
Signature

3.5.18

Date

Subscribed and sworn to me, a notary public in and for said county, this 5<sup>th</sup> Day of May 2018.

Notary Public

My commission expires: 01/02/2022

MARQUIS AURBACH COFFING

10001 Park Run Drive  
Las Vegas, Nevada 89145  
(702) 382-0711 FAX: (702) 382-5816

1 Your attendance is required to give testimony and/or to produce and permit inspection and  
2 copying of designated books, documents or intangible things in your possession, custody or  
3 control, or to permit inspection of the premises.

4 **YOU ARE FURTHER COMMANDED TO BRING WITH YOU AND**  
5 **PRODUCE THE FOLLOWING:**

6 1. Complete medical records including, but not limited to, self-completed intake  
7 questionnaires, insurance information, and medical records from other providers contained  
8 in the medical file of TASHI S. FARMER, aka TASHI S. BROWN, aka SEBASTIAN  
9 FARMER, aka SEBASTIAN BROWN, aka TASHI SEBASTIAN FARMER BROWN,  
10 DOB: 12/16/1976.

11 2. Completed Certificate of Custodian of Records (attached).

12 **In lieu of attending the scheduled deposition, you may furnish copies of the**  
13 **documents requested in the Subpoena prior to the date of the deposition by delivering**  
14 **said documents to:**

15 Marquis Aurbach Coffing  
16 Attention: Michelle Watson  
17 10001 Park Run Drive  
Las Vegas, NV 89145

18 Should you elect to furnish the requested documents by delivery, please give notice  
19 of your election to Michelle Watson at (702) 856-8902, on or before the scheduled  
20 deposition.

21 Nevertheless, if you fail to attend or produce the documents, you will be deemed  
22 guilty of contempt of Court and liable to pay all losses and damages caused by your failure  
23 to appear and in addition forfeit One Hundred Dollars (\$100.00).

24 ///

25 ///

26 ///

27 ///

1 Please see Exhibit A attached hereto for information regarding the rights of the  
2 person subject to this Subpoena.

3 Dated this 1st day of February, 2018.

4  
5 MARQUIS AURBACH COFFING

6  
7 By /s/ Craig R. Anderson, Esq.  
8 Craig R. Anderson, Esq.  
9 Nevada Bar No. 6882  
10 10001 Park Run Drive  
11 Las Vegas, Nevada 89145  
12 Telephone: (702) 382-0711  
13 Facsimile: (702) 382-5816  
14 canderson@maclaw.com  
15 Attorneys for Defendant LVMPD

16 Defendant LVMPD

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MARQUIS AURBACH COFFING

10001 Park Run Drive  
Las Vegas, Nevada 89145  
(702) 382-0711 FAX: (702) 382-5816**EXHIBIT A****Nevada Rule of Civil Procedure 45. Subpoena.****(c) Protection of Persons Subject to Subpoena.**

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held, or

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies, or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

**(d) Duties in Responding to Subpoena.**

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

**(e) Contempt.**

Failure by any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. [As amended; effective January 1, 2005].



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Steven D. Grierson  
CLERK OF THE COURT



CALLISTER & ASSOCIATES  
330 E. Charleston Blvd., Suite 100  
Las Vegas, Nevada 89104  
T: (702) 385-3343 F: (702) 385-2899

1 **LSA**  
2 **MATTHEW Q. CALLISTER, ESQ.**  
3 Nevada Bar No.: 1396  
4 **MITCHELL S. BISSON, ESQ.**  
5 Nevada Bar No.: 11920  
6 **CALLISTER LAW GROUP**  
7 330 E. Charleston Blvd., Suite 100  
8 Las Vegas, Nevada 89104  
9 Telephone: (702) 385-3343  
10 Facsimile: (702) 385-2899  
11 Email: matt@callcallister.com  
12 mbisson@callcallister.com

13 *Attorneys for Petitioner*  
14 **LORIN MICHELLE TAYLOR**

15 **DISTRICT COURT**

16 **CLARK COUNTY, NEVADA**

17 In the Matter of the Estate of  
18 **TASHI S. FARMER a/k/a TASHII FARMER**  
19 **a/k/a TASHII BROWN,**  
20 **Deceased.**

21 **CASE NO.: P-17-092002-E**  
22 **DEPT. NO.: PC1**

23 **HEARING DATE: January 5, 2018**  
24 **HEARING TIME: 9:30 A.M.**

25 **LETTERS OF SPECIAL ADMINISTRATION**

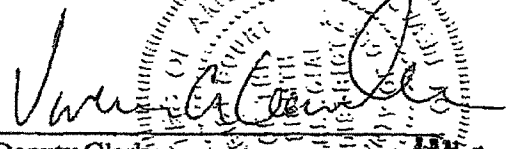
26 On the 5<sup>th</sup> day of January, 2018, the Court entered an Order appointing LORIN  
27 MICHELLE TAYLOR as Special Administrator of the Estate of Tashi S. Farmer a/k/a Tashii  
28 Farmer a/k/a Tashii Brown (hereinafter "Decedent's Estate"). The Order includes:

- 29 ☒ A directive for no bond;
- 30 ☒ A directive for the establishment of blocked accounts when liquid funds become  
31 available;
- 32 ☐ A directive for the posting of bond in the sum of \$ ; or
- 33 ☐ A directive for both the establishment of blocked accounts for sums in excess of  
34 \$ \_\_\_\_\_ and the posting of bond in the sum of \$ \_\_\_\_\_.

1 The Special Administrator, having been duly qualified, may act and has the authority  
2 and duties of Special Administrator specified in the attached Order dates January 5, 2018.

3 In testimony of which, I have on this date signed these letters and affixed the seal of the  
4 Court.  
5

6 STEVEN D. GRIERSON  
7 CLERK OF THE COURT  
8 CLERK OF THE COURT

9 By:   
10 Deputy Clerk

11 VIVIANA A. CANELA  
12  
13  
14  
15  
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JAN 16 2018

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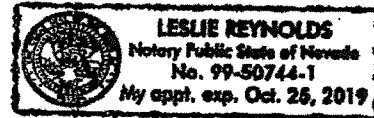
CALLISTER & ASSOCIATES  
330 E. Charleston Blvd., Suite 100  
Las Vegas, Nevada 89104  
T: (702) 385-3343 F: (702) 385-2899

OATH

I, LORIN MICHELLE TAYLOR, whose mailing address is 330 E. Charleston Boulevard., Suite 100, Las Vegas, Nevada 89104, solemnly affirm that I will faithfully perform according to law the duties of Special Administrator and that all matters stated in any petition or paper filed with the Court by me are true of my own knowledge or, if any matters are state on information and belief, I believe them to be true.

  
SPECIAL ADMINISTRATOR

SUBSCRIBED AND AFFIRMED before me  
this 10<sup>th</sup> day of January, 2018.



  
NOTARY PUBLIC in and for the  
County of Clark, State of Nevada

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CLERK OF THE COURT



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1 **ORDG**  
2 **MATTHEW Q. CALLISTER, ESQ.**  
3 Nevada Bar No.: 1396  
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12 mbisson@callcallister.com

13 *Attorneys for Estate*

14 **DISTRICT COURT**

15 **CLARK COUNTY, NEVADA**

16 In the Matter of the Estate of  
17  
18 **TASHI S. FARMER a/k/a TASHII FARMER**  
19  
20 **a/k/a TASHII BROWN,**  
21  
22 **Deceased.**

**CASE NO.: P-17-092002-E**  
**DEPT. NO.: PC1**

**HEARING DATE: January 5, 2018**  
**HEARING TIME: 9:30 A.M.**

23 **ORDER GRANTING PETITION FOR WITHDRAWAL**  
24 **OF PERSONAL REPRESENTATIVE, FOR APPOINTMENT**  
25 **OF SUBSTITUTE PERSONAL REPRESENTATIVE, AND PETITION**  
26 **FOR ISSUANCE OF SPECIAL LETTERS OF ADMINISTRATION**

27 Petitioners, ELIA DEL CARMEN SOLANO-PATRICIO (hereinafter "ELIA  
28 SOLANO") and LORIN MICHELLE TAYLOR (hereinafter collectively referred to as  
"Petitioners"), having proved to the satisfaction of the Court that the time for hearing of the  
Petition for Withdrawal of Personal Representative, for Appointment of Substitute Personal  
Representative, and Petition for Issuance of Special Letters of Administration having been  
heard on January 5, 2018, and that the notice of said hearing having been duly served as required

CALLISTER & ASSOCIATES  
330 E. Charleston Blvd., Suite 100  
Las Vegas, Nevada 89104  
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1 by law, and the Court having reviewed the evidence finds that the facts alleged in said Petition  
2 are true and correct and that said Petition should be granted.

3 IT IS HEREBY ORDERED, ADJUDGED AND DECREED that LORIN MICHELLE  
4 TAYLOR be appointed Special Administrator of the Estate of Tashi S. Farmer (hereinafter the  
5 "Estate") in place of ELIA DEL CARMEN SOLANO-PATRICIO, and that Special Letters of  
6 Administration be granted and issued to her upon taking the oath required by law, with no bond  
7 required.

8  
9 IT IS HEREBY ORDERED, ADJUDGED AND DECREED that LORIN MICHELLE  
10 TAYLOR be granted all of the powers of a Special Administrator contained in NRS §140.040,  
11 specifically including, but not limited to, NRS §140.040(2)(a) giving the Special Administrator  
12 all necessary powers to commence, maintain, or defend actions and other legal proceedings as  
13 a personal representative.

14  
15 IT IS HEREBY ORDERED, ADJUDGED AND DECREED that LORIN MICHELLE  
16 TAYLOR be authorized to act on the Estate's behalf with regard to any legal claims or causes  
17 of action it may have as a result of the personal injury, wrongful death, civil rights violations,  
18 or any other claim or damages of Decedent and to handle and act on behalf of the Estate with  
19 regard to any matters involved therein, including, but not limited to filing any complaints,  
20 seeking and responding to discovery, filing and responding to motions, bringing the matter to  
21 trial (if necessary), settling the matter and releasing claims related thereto, subject to this  
22 Court's approval of any settlement in the matter.

23  
24 IT IS HEREBY ORDERED, ADJUDGED AND DECREED that in receiving this  
25 appointment as Special Administrator, LORIN MICHELLE TAYLOR, be authorized to receive  
26 and be provided copies, records, and information, which are or may be lodged with any persons,  
27  
28

CALLISTER & ASSOCIATES  
 330 E. Charleston Blvd., Suite 100  
 Las Vegas, Nevada 89104  
 T: (702) 385-1343 F: (702) 385-2899

family members and friends, along with any and all medical providers, care facilities, insurers, institutions, governmental agencies or departments or the like, including the Las Vegas Metropolitan Police Department.

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that LORIN MICHELLE TAYLOR be authorized to request and receive any and all information regarding Decedent from any other person or agency which is currently or has previously been involved in the Decedent's welfare, healthcare, and custody, including but not limited to doctors, health care providers, coroners, friends, family, and social service workers past and present, and any other governmental agency or department, including the Las Vegas Metropolitan Police Department.

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that any liquid assets or settlement funds obtained by LORIN MICHELLE TAYLOR as Special Administrator and or the Estate shall be placed in a blocked account with proof thereof submitted to this Court upon the opening of such blocked account and the placement of funds therein.

DATED this 5 day of Jan., 2018.

  
 DISTRICT COURT JUDGE  
 -mr

Respectfully submitted by:

CALLISTER & ASSOCIATES

  
 MATTHEW Q. CALLISTER, ESQ.

Nevada Bar No.: 1396

MITCHELL S. BISSON, ESQ.

Nevada Bar No.: 11920

330 E. Charleston Blvd., Suite 100

Las Vegas, Nevada 89104

*Attorneys for Estate*

**HIPAA AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION**  
**TO (Print Name and Address of Provider):**

Sunrise Hospital & Medical Center  
3186 South Maryland Pkwy  
Las Vegas, NV 89109

Per this authorization, the estate of the decedent Tashi S. Farmer a/k/a Tashii Farmer a/k/a Tashii Brown hereby authorizes the release of Protected Health Information pursuant to 45 CFR Sections 160 and 164.

1. The undersigned authorizes the above-named provider ("Provider") to release the following information:

Any and all medical records, including, but not limited to, notes, memoranda, correspondence, telephone call records, pictures and/or videos, histories, narratives, summaries, conclusions, diagnoses, referrals, recommendations, prescriptions, imaging reports, test results, reference lab reports, physicians' and nurses' notes, Kardex, physical therapy and rehabilitation records and notes, records of other health care providers, or any other written documentation relating to my treatment and/or care for the time period between May 1, 2012, to present.

2. The information may be disclosed by employees or business associates of Provider.

3. The information may be disclosed to any individual affiliated with the law firms McNutt Law Firm, P.C. or Marquis Aurbach Coffing.

4. The disclosure may be made for the following purpose: ongoing litigation.

5. This authorization will remain in full force and effect until the conclusion of the litigation known as: *Estate of Tashi S. Farmer v. Las Vegas Metropolitan Police Department, et. al.*, case no. 2:17-cv-01946-JCM-PAL in the United States District Court for the District of Nevada.

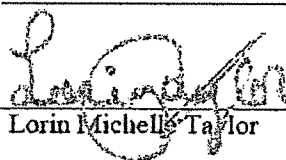
6. I further authorize the release of any and all medical billings, statements or invoices that you have in your possession, custody or control pertaining to my treatment and/or consultation and

HIPAA AUTHORIZATION - 1

**HIPAA AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION**

I understand that this medical record may include information concerning psychiatric diagnoses, drug abuse, alcoholism or communicable or venereal disease. With this knowledge, I hereby give my consent to release the requested information from the above-referenced medical record, including any information concerning the patient's/resident's identity.

7. I am willing that a photocopy of this authorization be accepted in lieu of the original.
8. I understand that the health care provider disclosing information pursuant to this authorization cannot condition treatment, payment, enrollment or eligibility for benefits on my signing this authorization. Further, I understand that I may inspect or copy any information used or disclosed under this authorization.
9. I acknowledge (i) that I have the right to revoke the authorization at any time, and (ii) that I understand that once the information is disclosed, it may no longer be protected by federal privacy law.
10. I acknowledge that I may revoke this authorization only in writing sent by certified mail to the Provider at the address above. The revocation shall be effective only upon receipt, except (1) to the extent the Provider has acted in reliance on the authorization, or (2) the authorization was obtained as a condition of obtaining insurance coverage and the insurer wishes to use the protected health information to lawfully contest a claim.

Date:	<u>February 14, 2018</u>
Signed by:	<u></u> Lorin Michelle Taylor
Patient's Printed Name	<u>Tashi Sebastian Farmer</u>
Patient's SSN:	<u>576-04-1735</u>
Patient's Date of Birth	<u>12/16/1976</u>

THE ESTATE OF THE DECEDENT HAS BEEN GIVEN A COPY OF THE AUTHORIZATION.



Sunrise Hospital and Medical Center  
3186 South Maryland Parkway, Las Vegas, Nevada 89109 (702)731-8000

## IN / OUT / ER PATIENT ADMISSION RECORD

ACCOUNT#: **D00115967880** ADM DATE: 05/14/17 UNIT RCRD #: **D002425051** ARRIVAL: AMB  
ROOM/BED: ADM TIME: 0122 MARKET URN: D1693858 CONF: VIP:  
PT. TYPE: REG ER ADMIT PRI/SRC: EM / PR LOCATION(S): D.ER FC: 99

## PATIENT INFORMATION

NAME: **FARMER, TASHI SEBASTIAN**

OTHER NAME:

STREET: 1912 EMBREY AVE

DOB: 12/16/1976 SS#: XXX-XX-7777

STREET:

AGE: 40

RACE: BLACK/AFRI

C/S/ZP: LAS VEGAS, NV 89106

SEX: M

MAR STATUS: U

PHONE#: (999)999-9999 CNTY/RES: CLARK

REL: NONE

LANG: UNKNOWN

SPOUSE / NICK / COMPANION

PERSON TO NOTIFY

REFUSED, PATIENT

REFUSED, PATIENT

1912 EMBREY AVE

1912 EMBREY AVE

LAS VEGAS, NV 89106

LAS VEGAS, NV 89106

(999)999-9999 RELTN: OTHER RELATIONSHIP

(999)999-9999 RELTN: OTHER RELATIONSHI

WORK PH:

WORK PH:

PATIENT EMPLOYER

GUARANTOR

NONE

FARMER, TASHI SEBASTIAN

NONE

1912 EMBREY AVE

NONE, NV 89109

LAS VEGAS, NV 89106

(702)999-9999

OCC: NONE

(999)999-9999 RELTN: SELF

GUARANTOR EMPLOYER

OCCURRENCE CODES

CONDITION CODES

NONE

11 05/14/17

NONE

NONE, NV 89109

(702)999-9999

## INSURANCE INFORMATION

PRIMARY: MEDNVPA - 06235

SECONDARY: CHAX050 - 09950

TERTIARY: UNINSURED - 09940

MEDICAID PENDING

CHARITY PENDING

UNINSURED DISCOUNT PLAN

., NV .

., NV .

., NV .

POLICY #: 777777777

POLICY #: 777777777

POLICY #: 777777777

COVERAGE #:

COVERAGE #:

COVERAGE #:

INS PHONE #:

INS PHONE #:

INS PHONE #:

GRP #:

GRP#:

GRP#:

AUTH #:

AUTH #:

AUTH #:

AUTH DT: VER DT:

AUTH DT: VER DT:

AUTH DT: VER DT:

SUB: FARMER, TASHI SEBASTIAN

SUB: FARMER, TASHI SEBASTIAN

SUB: FARMER, TASHI SEBASTIAN

RELAT: SA DOB: 12/16/1976

RELAT: SA DOB: 12/16/1976

RELAT: SA DOB: 12/16/1976

## PHYSICIAN INFORMATION / DOCUMENTATION

ADM:

PCP: NO PCP

NO PRIMARY OR FAMILY PHYSICIAN

HCS:

HCS: 7943

ATT:

REF: SELF

SELF REFERRED

HCS:

HCS: 9715

ER: FLOPA Flores, Patrick H DO, 5759

REASON FOR VISIT/CHIEF COMPL: CARDIAC ARREST

## COMMENTS:

PRT BY: DHISMAC

ON: 05/14/17 1723

DISCH DATE:

ADVANCE DIRECTIVE: Y

TIME:

DISPO:





RUN DATE: 05/19/17  
 RUN TIME: 0321  
 RUN USER: HPF.FEED

Sunrise Hospital Abstracting \*LIVE\*  
 CODING SUMMARY

PAGE 1

NAME: FARMER, TASHI SEBASTIAN

ACCT#: D00115967880  
 FORM:

ADM DATE: 05/14/17 0122  
 ATTEND PHYS: Flores, Patrick H DO  
 DIS DT/TM: 05/14/17 0203  
 DIS DISP: EXPIRED (20)  
 LOS: 1  
 PT CLASS: ER.OTH

UNIT#: D002425051  
 SEX: M  
 AGE: 40  
 DOB: 12/16/76  
 FIN CLASS: 99  
 ABS STATUS: FINAL

# DIAGNOSES

POA INDICATOR CODESET

REASON FOR VISIT DX  
 I46.9

CARDIAC ARREST, CAUSE UNSPECIFIED

ICD10

# PRIMARY CODESET

PRINC DX I46.9  
 CTHRX DX J96.9C

CARDIAC ARREST, CAUSE UNSPECIFIED

ICD10

RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA

ICD10

# CTHER CODESET

PRINC DX  
 CTHRX DX

# PROCEDURE

## PRIMARY CODESET

DATE PROC CODE & NAME

SURGEON

ANESTHESIOLOGIST

## CTHER CODESET

# CPT

05/14/17 92950 HEART/LUNG RESUSCITATION CPR  
 SURG: FLOPA Flores, Patrick H DO  
 APC: 5722

05/14/17 31500 INSERT EMERGENCY AIRWAY  
 SURG: FLOPA Flores, Patrick H DO  
 APC: 5161

# PRIMARY CODESET

DRG I-10

## CTHER CODESET

DRG I-9

STATUS	\$REIME	MIN-LOS	STD-LOS	COST WT	GRP VERS	GRP FC
					34	99

RUN DATE: 05/19/17  
RUN TIME: 0321  
RUN USER: HPF.FEED

Sunrise Hospital Abstracting \*LIVE\*  
CODING SUMMARY

PAGE 2

NAME: FARMER,TASHI SEBASTIAN  
ADM DATE: 05/14/17 0122  
ATTEND PHYS: Flores,Patrick H DO  
DIS DT/TM: 05/14/17 0203  
DIS DISP: EXPIRED (20)  
LOS: : 1  
PT CLASS: ER.OTH

ACCT#: D00115967880  
FORM:  
UNIT#: D002425051  
SEX: M  
AGE: 40  
DOB: 12/16/76  
FIN CLASS: 99  
ABS STATUS: FINAL

DRG STATUS DATE:  
CCDER: 1FSBSI7749

ABS STATUS DATE: 05/18/17  
ABSTRACTOR: 1FSBSI7749

\*\*This form will be maintained as a permanent part of the medical record\*\*

**EXPIRED PATIENTS**

Order of duties upon patient expiration

<b>DATE OF DEATH ...</b>	3/14/17
<b>TIME OF DEATH ...</b>	0139 Hours
Height: <u>6'</u>	Weight: <u>195lb</u>

FARMER, TASHI SEBASTIAN	
D00115967880 PRE ER	
05/14/17 0122	
DOB: 12/16/76 40 M MRE D002425051	
Las Vegas, NV Sunrise Hospital and Med C	
MD: <u>Flores</u>	ED ROOM # <u>50</u>

1. **House Supervisor:** 18075Time: 0144 Hours -- Notified House Supervisor ... Name: Cindy2. **Coroner** 702.455.3210Time: 0145 Hours Name: MichelleCase: NO / YES Case #: 17-5089Notes: \_\_\_\_\_ ☐ Mortuary @ \_\_\_\_\_3. **DORS / NV Donor:** 855.683.6667 (1) (2)Time: 0154 Hours Name: KimberlyCase: NO / YES Referral #: 2017-04026☐ Ok to Release @ Time: \_\_\_\_\_ HoursNotes: \_\_\_\_\_ ☐ Mortuary @ \_\_\_\_\_4. **TIPS:** 702.425.2277 - **ONLY if needed** for family assistance

Time: \_\_\_\_\_ Hours Name: \_\_\_\_\_

5. **Mortuary** for body pickupTime: 0358 Hours Company: Davis Phone# \_\_\_\_\_Time: 0358 Hours Actual Time of body pickup6. **House Supervisor:** 18075Time: 0400 Hours -- Faxed copy of Release to House Supervisor @ 15806

Quiet Room phone number is 10296

SUNRISE HOSPITAL AND MEDICAL CENTER (COCsz)  
EMERGENCY PROVIDER REPORT  
REPORT#: 0514-0055 REPORT STATUS: Signed  
DATE: 05/14/17 TIME: 0124

PATIENT: FARMER, TASHI SEBASTIAN UNIT #: D002425051  
ACCOUNT#: D00115967880 ROOM/BED:  
DOB: 12/16/76 AGE: 40 SEX: M PCP PHYS: NO PRIMARY OR  
FAMILY PHYSICIAN  
SERVICE DT: 05/14/17 AUTHOR: Flores, Patrick H  
DO  
REP SRV DT: 05/14/17 REP SRV TM: 0124  
\* ALL edits or amendments must be made on the electronic/computer  
document \*

### **HPI-Cardiac Arrest**

#### **General**

**Confirmed Patient** Yes

**Patient Type** Arrived by EMS

**Initial Greet Date/Time** 05/14/17 0123

**PCP**

None reported.

#### **Presentation**

**Chief Complaint** Cardiac arrest.

**Total Time Arrest to Arrival** CPR started at 0105.

**Hx Obtained From** Paramedic

**Unable to Obtain Hx** Patient condition

**Onset Occurred** Today

#### **Free Text HPI Notes**

##### **Free Text HPI Notes**

Pt presents to ED via EMS in cardiac arrest. Pt was combative with Metro and tazed, pt continued to be combative. Pt then lost consciousness. CPR started at 0105 by Metro.

Portions of this section were transcribed by MARTIN,CASSANDRA on 05/14/17 at 0207

### **Review of Systems**

#### **ROS Statements**

**Unable to Obtain ROS** Patient condition

Portions of this section were transcribed by MARTIN,CASSANDRA on 05/14/17 at 0139

#### **Past Medical History - Adult**

**(Review of Nursing Notes** reviewed

**Unobtainable due to:** Patient condition

Patient: FARMER, TASHI SEBASTIAN  
Unit#: D002425051  
Date: 05/14/17  
Acct#: D00115967880

Portions of this section were transcribed by MARTIN, CASSANDRA on 05/14/17 at 0139

### **Physical Exam**

#### **Vital Signs**

Review of Vital Signs Reviewed

#### **Focused PE**

General/Const \*\*

General/Const Pt unresponsive

Head/Eyes

Head/Eyes Abrasion to bridge of nose. Ecchymosis and swelling to R temple area. , Pupils fixed and dilated.

Resp/Chest \*\*

Respiratory/Chest No breath sounds spontaneously. pt intubated here by me with 7.5 ETT, bilateral BS while bagging good color change, Intubated by EMS. I-gel.

Cardiovascular \*\*

Cardiovascular No heart sounds.

Abdomen/GI \*\*

Abdomen/GI Atraumatic

Upper Extremities

Upper Extremity/MS No swelling

Lower Extremities

Lower Ext/Pelvis/MS No swelling

Neurologic

Neurologic Pt unresponsive.

Portions of this section were transcribed by MARTIN, CASSANDRA on 05/14/17 at 0207

### **Procedures**

#### **Intubation #1**

Time 0125

Procedure Performed by ED physician

Consent/Setup/Site Prep No consent - emergent

Patient Position Sniff position

Blade/ET Tube/Route ET tube cuffed (7.5), Route: oral

ET Confirmation Direct visualization, BS equal, End tidal CO2 device

Secured/Marked Tube marked at lip (26)

Number of Attempts 1

Complications None

Patient: FARMER, TASHI SEBASTIAN  
Unit#: D002425051  
Date: 05/14/17  
Acct#: D00115967880

Portions of this section were transcribed by MARTIN, CASSANDRA on 05/14/17 at 0207

### **Re-Evaluation & MDM**

#### **Free Text MDM Notes**

##### **Free Text MDM Notes**

pt comes in via ems for cardiac arrest. per ems pt was tazed by metro and continued to be combative and was subdued by metro. pt then found to unresponsive and pulseless. CPR initiated. per ems on arrival pt was in asystole, then was in PEA. continued ACLS protocols here in the ER. after several rounds of ACLS we were unable to revive pt.

#### **Re-Evaluation/Progress #1**

**Time of Re-Eval** 0123

**Re-Eval Status** Epi given. Atropine and Bicarb given. , Following ACLS protocol and see RN code sheet for details.

#### **Re-Evaluation/Progress #2**

**Time of Eval** 0126

**Re-Eval Status** Pulse check. No pulse. Chest compressions resumed.

#### **Re-Evaluation/Progress #3**

**Time of Eval** 0130

**Re-Eval Status** Pulse check. No pulse. Resumed compressions.

#### **Re-Evaluation/Progress #4 +**

##### **Addl Re-Evaluation/Progress 1**

**Time of Eval** 0132

**Re-Eval Status** Shocked at 200v. Pulse check. No pulse. Resumed compressions.

##### **Addl Re-Evaluation/Progress 2**

**Time of Eval** 1033

**Re-Eval Status** Amnio given.

##### **Addl Re-Evaluation/Progress 3**

**Time of Eval** 0135

**Re-Eval Status** Pulse check. No pulse. Asystole. Resumed compressions.

##### **Addl Re-Evaluation/Progress 4**

**Time of Eval** 0139

**Re-Eval Status** Pulse check. No pulse. Asystole. TOD called 0139.

Portions of this section were transcribed by MARTIN, CASSANDRA on 05/14/17 at 0156

Patient: FARMER, TASHI SEBASTIAN  
Unit#: D002425051  
Date: 05/14/17  
Acct#: D00115967880

### **Patient Discharge & Departure**

#### **Vital Signs/Condition**

##### **Vital Signs**

All vital signs available at the time of this entry have been reviewed.

**Condition** Deceased

#### **Clinical Impression**

##### **Clinical Impression**

**Primary Impression:** Cardiac arrest

**Secondary Impressions:** Respiratory failure

#### **Disposition Decision**

##### **Other**

)( **Time** 0139

)( **Date** 05/14/17

**Deceased** Yes

#### **Critical Care**

**Time Spent** Excl. billable procedures, 45 minutes

**Services Performed** Patient management by me, Time spent at bedside, Discussing patient care, Documentation in record

#### **Supervising Physician Note**

##### **Scribe Statement**

MARTIN, CASSANDRA, 05/14/17 0150, scribing for and in the presence of [Dr. Patrick Flores, DO].

Signed By: MARTIN, CASSANDRA, 05/14/17 0150

##### **Physician Scribed Statement**

I personally performed the services described in this documentation and reviewed the documentation that was dictated to the scribe(s) in my presence, and it accurately records my words and actions. Flores, Patrick H, 05/14/17

Portions of this section were transcribed by MARTIN, CASSANDRA on 05/14/17 at 0207

Electronically Signed by Flores, Patrick H DO on 05/15/17 at 0657



Patient: FARMER, TASHI SEBASTIAN  
Unit#: D002425051  
Date: 05/14/17  
Acct#: D00115967880

RPT #: 0514-0055  
\*\*\*END OF REPORT\*\*\*

Page 5 of 5

Sunrise Hospital EDM *LIVE*		ED DISCHARGE SUMMARY		PAGE 1	
RUN DATE: 05/16/17 RUN TIME: 0151 RUN USER: HPF.FEED		Patient: FARMER, TASHI SEBASTIAN EDI Provider: Flores, Patrick H DO, 2hcaActive		Act No: D00115967880 Unit No: D002425051	
Patient: FARMER, TASHI SEBASTIAN EDI Provider: Flores, Patrick H DO, 2hcaActive		Age/Sex: 40/M			
ED Physician: Flores, Patrick H DO, 2hcaActive Practitioner: LAVINE, HANA G., 2hcaProvider Nurse:		Arrival Date/Time: 05/14/17 - 0122 Triage Date/Time: 05/14/17 - 0122 Date of Birth: 12/16/1976 Priority: 1		Cardiovascular MDT? No Respiratory MDT? No See next page 02/67H History: (if noted below) See next page Smoking status for patients 13 years old or older: Unknown, if ever smoked See next page Flowsheet: Yes ESP? 1 Last page Is patient present and able to complete the screening for infection: No Point of entry screening status: Unable to assess ==SEVERE SEPSIS SCREENING== Temperature: No WBC results: N Heart rate: No Band results: N Respirations: No WBC/Bands: No If yes to 2 or more of above, proceed to next section: 0 ==INFECTION== ==NEW ORGAN DYSFUNCTION within past 48 hours== Disposition DC, TX, ADM, LPT (ED)	
Stated Complaint: CARDIAC ARREST Chief Complaint: Cardiac Related Status Event History: 05/14/17 0122 Reception 0122 Registration 0147 Triage 0203 DSP-Expired 0335 OFF		Arrival Date: 05/14/17 Arrival Time: 0122 Placed in Bed Date: 05/14/17 Placed in Bed Time: 0123 MD/DO/PA/NP Initiates Contact/Greets Patient Date: 05/14/17 MD/DO/PA/NP Initiates Contact/Greets Patient Time: 0123 MD/DO/PA/NP Makes Decision to Disposition Date: 05/14/17 MD/DO/PA/NP Makes Decision to Disposition Time: 0130 Triage Date: 05/14/17 Triage Time: 0122 Triage Level: ESI1/Resuscitation Date Patient Physically Leaves ED: 05/14/17 Time Patient Physically Leaves ED: 0203 Elapsed Time from Disposition to Depart: 0:24 Disposition Category: Expired		Occurred Date: 05/15/17 1218 BROWLEY, CHERYL SUE, CLUNG Time User: 05/15/17 1218 BROWLEY, CHERYL SUE, CLUNG Recorded Date: 05/15/17 1218 BROWLEY, CHERYL SUE, CLUNG Patient Disposition: Discharge Disposition Category: Expired ED plan of care Chief Complaint: Cardiac Related Question below will only be answered if patient is LPMSE: Last page Arrival Date: 05/14/17 Arrival Time: 0122 Triage Date: 05/14/17 Triage Time: 0122 Triage Level: ESI1/Resuscitation Placed in Bed Date: 05/14/17 Placed in Bed Time: 0123 MD/DO/PA/NP Initiates Contact/Greets Patient Date: 05/14/17 MD/DO/PA/NP Initiates Contact/Greets Patient Time: 0123 MD/DO/PA/NP Makes Decision to Disposition Date: 05/14/17 MD/DO/PA/NP Makes Decision to Disposition Time: 0130 Date Patient Physically Leaves ED: 05/14/17 ESP? 1 Time Patient Physically Leaves ED: 0203 Elapsed Time from Disposition to Depart: 0:24 For lookup by name, enter Name then press <Lookup> Patient Left Arrived By: ANB	
MODE OF ARRIVAL AMBULANCE		Rapid Initial Assessment (ED) Occurred Date: 05/14/17 0122 PASQUAL, ANNABELLE S., RN Time User: 05/14/17 0147 PASQUAL, ANNABELLE S., RN Recorded Date: 05/14/17 0147 PASQUAL, ANNABELLE S., RN First Point of Contact: Yes Enter/Edit Allergies? Yes Arrived By: ANB EMS service: Medic West Subjective Assessment: PT BLEN #791 S/P CARDIAC ARREST. PT HAD ALTERATION WITH COPS TAZED AND SUBJED. Objective Assessment: SEE CODE SHEET See next page Neuro MDT? No			

RUN DATE: 05/16/17 RUN TIME: 0751 RUN USER: HPE.FEED		Sunrise Hospital ED DISCHARGE SUMMARY		EDI #LIVE* EDI #LIVE*		PAGE 2	
Patient: FARMER, TASHI SEBASTIAN EDI Provider: Flores, Patricia H DO, 2hrActive		Age/Sex: 40/M		Acct No: D00115967880 Unit No: D002425051			
See next page See next page See next page <NEXT PAGE>		Occurred Date: 05/14/17 0212 Time User: ELLIOTT, BRITTANY MAR, RN SOCIAL WORKER CONTACTED TO ASSIST WITH LOCATING NEXT OF KIN. PER METRO, NO INFORMATION OTHER THAN PT'S NAME/DOB/LICENSE KNOWN AT THIS TIME. HOUSE SUP AWARE.		Recorded Date: 05/14/17 0212 Time User: ELLIOTT, BRITTANY MAR, RN			
Primary Impression: Cardiac arrest Disposition: EXPIRED (20) Comment: Condition: Expired		Departure Date/Time: 05/14/17 - 0203					
Referrals: Pt Instructions: Departure Forms:							
~~~ ASSESSMENT PARAMETERS ~~~ These are the definitions of within Defined Parameters by Body System NEUROLOGICAL - Alert & Oriented X 4 - Pupils equal - Speech clear and appropriate for age - Moves all extremities - No paralysis - Steady gait - Ambulates independently RESPIRATORY - No respiratory distress - No cough - No O2 or assistive devices - No nasal flaring or pursed lip breathing - Respirations even & unlabored - Skin pink & warm to touch		~~~ ASSESSMENT PARAMETERS ~~~ These are the definitions of within Defined Parameters by Body System EENT - Eyes - Clear, no tearing or redness - Ears - No complaint of hearing difficulty, loss of hearing, or change in hearing, pain free, no drainage - Nasal - Breathes freely through both nares - Throat - No hoarseness or stated soreness, no cough CARDIAC - No stated calf tenderness - No history of pacemaker or implanted defibrillator - Denies current cardiac complaint - Skin pink & warm to touch - no cyanosis, mottling, diaphoresis or flushing of skin		~~~ PATIENT SAFETY PARAMETERS ~~~ ** Allergy and Patient Identification Bands in Place and Validated ** If in a Bed, Side Rails Up and Bed in Low Position with Wheels Locked ** If in a Wheel Chair, Wheels Locked ** Call Light Function Explained and within Reach ** Standard Precautions Observed		~~~ PATIENT SAFETY PARAMETERS ~~~ ** Allergy and Patient Identification Bands in Place and Validated ** If in a Bed, Side Rails Up and Bed in Low Position with Wheels Locked ** If in a Wheel Chair, Wheels Locked ** Call Light Function Explained and within Reach ** Standard Precautions Observed	
~~~ MUSCULOSKELETAL ~~~ These are the definitions of within Defined Parameters by Body System CIRCULATORY - Moves all extremities - Ambulates independently - Skin color appropriate to ethnic color - Denies sensory complaints - No edema noted		~~~ MUSCULOSKELETAL ~~~ These are the definitions of within Defined Parameters by Body System GASTROINTESTINAL - Denies GI complaints INTEGUMENTARY - Skin warm, dry & intact - No complaints of lesions, rash, wounds, bruises, petechiae or abrasions PSYCHOSOCIAL - With regards to cultural influences: mood/affect is appropriate - Patient demonstrates effective coping skills/patterns for situation		~~~ MUSCULOSKELETAL ~~~ These are the definitions of within Defined Parameters by Body System GENITO-URINARY - Denies GU complaints FUNCTIONAL - No unexplained alteration in movement/mobility in last four weeks - No recent limitation performance of ADLs - No recent alteration in ADLs that require assistance		~~~ MUSCULOSKELETAL ~~~ These are the definitions of within Defined Parameters by Body System NUTRITIONAL - No swallowing/chewing impairments - No nausea and/or vomiting and/or diarrhea for 3 or more days - No reported unintentional weight loss > 10 lbs in last 3 months - No reported decrease in intake > 50% of usual in last two weeks This is the definition for the evidence of Physical and/or Psychological Abuse question: PT DOES NOT REPORT/NO EVIDENCE OF ANY OF THE FOLLOWING: abuse/neglect, Rx. of abuse/neglect, withdrawal/fearful behavior, unexplained or suspicious bruises/wounds, Patient/Caregiver story changes, Defensive about injuries, Undernourished despite good appetite, Recurrent/Suspicious injuries, fear of return to previous arrangements, Injuries do not match event history.	

**EMERGENCY MEDICAL SERVICES (EMS) PRE-NOTIFICATION RECORD**

Date: 5/14/17 LVFD ☐ Ground ☒  
 Time: 0116 HFD ☐  
 ETA: mins CCFD ☐ Air ☐  
 AMR ☐  
 Medic West ☒ Unit # 791  
 Care Flight ☐  
 Other \_\_\_\_\_

Age: 30 Gender: M ☒ F ☐

Complaint: cardiac arrest X1 Epi

VS: BP \_\_\_\_\_ / unobtainable HR \_\_\_\_\_ / unobtainable

RR \_\_\_\_\_ SAT \_\_\_\_\_

Rating: Stable \_\_\_\_\_ Unstable \_\_\_\_\_

Conscious \_\_\_\_\_ Unconscious \_\_\_\_\_ GCS \_\_\_\_\_ down time

Airway (circle one) Unassisted Assisted Intubated Unable to Intubate

Medical: Onset Symptoms: \_\_\_\_\_

Field Treatments: IV \_\_\_\_\_ O2 \_\_\_\_\_ C-Collar Backboard

Meds: \_\_\_\_\_ Other treatments: \_\_\_\_\_

Comments:

Signature: \_\_\_\_\_

<input type="checkbox"/> Trauma Patient Class: 1 2 3 Transfer-In Time Activated: _____	<input type="checkbox"/> Semi Patient Yes: _____ No: _____ Cardiologist: _____	<input type="checkbox"/> Code White Symptoms Onset Time: _____ Time Initiated: _____
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PART OF THE PERMANENT MEDICAL RECORD

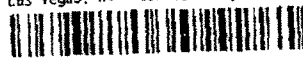


**EMS PRE-NOTIFICATION  
RECORD**



(Rev. 03/15) Page 1 of 1

FARMER, TASHI SEBASTIAN  
 D00115967880 PRE ER  
 05/14/17 0122  
 008:12/16/76 40 M MR# 0002425051  
 Las Vegas, Nv Sunrise Hospital and Med C



Patient: FARMER, TASHI SEBASTIAN MRN: D002425051 Encounter: D00115967880 Page 1 of 1



Date/Time Event Recognized: 5/14/17 0122 Location: 5450 Witnessed: ☐ Yes ☒ No  
 Age: 40 Weight: 180 lbs Height: 5'8 Hospital-wide response activated: ☒ Yes ☐ No  
 Illness Category: ☒ Medical Cardiac ☐ Medical Noncardiac ☐ Obstetric  
☐ Surgical Cardiac ☐ Surgical Noncardiac ☐ Trauma ☐ Other  
 Conscious at Onset? ☐ Yes ☒ No Monitoring at Onset: ☒ ECG ☐ Pulse Oximeter ☐ Apnea  
 Prior MEWS score(s) / Time: 1) / 2) 3) /

**Airway / Ventilation**  
 Breathing: ☐ Spontaneous ☐ Apneic ☒ Assisted  
 Time of First Assisted Ventilation: 0124  
 Ventilation: ☐ Bag-Valve-Mask ☒ Endotracheal Tube  
☐ Tracheostomy ☐ Other:  
 P102: Mode: Time: 0124 Size: 7.5, 20014  
 Intubation: By Whom: FIVE Size: 7.5, 20014  
 Confirmation: ☐ PETCO2 ☒ Auscultation ☒ ETCO2

**Circulation**  
 1st Rhythm Requiring Compressions: PEA  
 1st PULSELESS Rhythm: 0123 asystole  
 Compressions: ☐ None ☒ Manual  
 PETCO2: Time Chest Compressions Started: 0122  
 AED Applied: ☐ Yes ☒ No → Time:  
 Pacemaker On: ☐ Yes ☒ No Rate: Type:

Time Resuscitation Event Ended: 0134  
 Terminated by: Dr. Flores  
 Reason Resuscitation Ended:  
☐ Survived - Return of Spontaneous Circulation (ROSC) >20 min  
☐ Consider HACA  
☒ Died - Efforts Terminated (No Sustained ROSC)  
☐ Died - Medical Futility  
☐ Died - Advance Directives  
☐ Died - Restrictions by Family / Name:

Time	Breathing		Pulse	BP	Rhythm	Defibrillator Type / Manual	Joules	Bolus		Dose / Route		Infusions				Concentrate ml/hr		Comments: i.e.: Peripheral/Central Line Placement, IO, Chest tube, Vial Signs, Response to Interventions
	Spontaneous	Assisted						Atropine Dose: IV/ET or IO	Amiodarone Dose: IV/ET or IO	Epinephrine Dose: IV/ET or IO	Lidocaine Dose: IV/ET or IO	Vasopressin Dose: IV/ET or IO	Bicarb 6	Epinephrine	Dopamine	Norepinephrine		
0122					PEA													
0124					PEA													Spulse, PEA
0125					PEA													Spulse, PEA
0126					PEA													Spulse, PEA
0127					PEA													Spulse, PEA
0129					PEA													Spulse, PEA
0130					PEA													Spulse, PEA
0131					PEA													Spulse, PEA
0132					Wach		200											Spulse, PEA
0133					asystole													Spulse, PEA
0134					asystole													Spulse, PEA
0135					asystole													Spulse, PEA

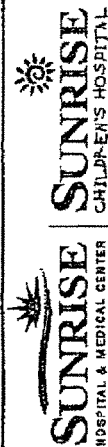
Recorder Printed Name: Andrew R. Babcock MD Respiratory Printed Name: Yuka, Grace  
 Page 1 of 2 ICU/Code Team Nurse Printed Name: Bello, Daniel, Tyler  
 Provider Printed Name: Yuka, Grace  
 Provider Signature: [Signature]  
 Copies to: [Blank]  
 Fax to: [Blank]

V2 Rev. 09/15



FARMER, TASHI SEBASTIAN  
 D00115967880 PRE ER  
 05/14/17 0122 40 MR# 0002425051  
 008:12/16/76 40 Sunrise Hospital 200 Med C  
 Las Vegas, NV

Acc  
 DOB  
 Attend  
 Admit/Sign



ADULT CODE BLUE RECORD

4  
C  
D  
E

Acc	DOB	Attend	Admit/serv
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**ADULT CODE BLUE RECORD**





# CLARK MEDIC WEST (NV) PATIENT CARE REPORT

FARMER, TASHI  
DOB: 12/16/1976 (40)  
SEX: MALE  
CASE #: 170125183  
DOS: 05/14/2017

SERVICE MODEL AGENCY MWA	DISPATCH INFORMATION	TIMES
<b>FROM:</b> 3355 S LAS VEGAS BLVD LAS VEGAS, NV 89109 (CASINO) <b>TO:</b> SUNRISE HOSP MED CNTR 3186 SOUTH MARYLAND PARKWAY LAS VEGAS, NV 89109 (HOSPITAL - ED) ROOM/DEPT: HOSPITAL-EMERGENCY DEPARTMENT <b>DESTINATION DECISION:</b> CLOSEST/MOST APPROPRIATE	<b>CALLER:</b> CAD2CAD <b>COUNTY RUN NUMBER:</b> 05142017-7144599 <b>UNIT:</b> M791 <b>RESPONSE MODE:</b> LIGHTS AND SIREN <b>TRANSPORT MODE:</b> LIGHTS AND SIREN <b>ALS ASSESSMENT:</b> MWA PARAMEDIC <b>DISPOSITION:</b> TRANSPORTED - TO HOSPITAL ER/ED <b>RESPONDER(S) ON SCENE:</b> CLARK COUNTY FIRE DEPARTMENT LVMPD <b>NATURE OF CALL:</b> 9D-CARDIAC/RESPIRATORY ARREST	<b>CALL RECEIVED:</b> 01:00:42 <b>DISPATCHED:</b> 01:01:28 <b>ENROUTE:</b> 01:01:31 <b>AT SCENE:</b> 01:07:20 <b>AT PT SIDE:</b> 01:08:00 <b>TRANSPORT:</b> 01:15:06 <b>ARRIVAL:</b> 01:21:24 <b>CARE TRANS'D:</b> 01:24:00 <b>AVAILABLE:</b> 02:20:00  <b>SCENE MILES:</b> 0.0 <b>DESTINATION MILES:</b> 3.2 <b>TOTAL MILES:</b> 3.2
<b>PATIENT DEMOGRAPHICS</b>		
<b>NAME:</b> FARMER, TASHI <b>ADDRESS:</b> 1912 EMBREY AVE <b>CITY, STATE ZIP:</b> LAS VEGAS, NV 89106 <b>PHONE:</b> <b>CELL PHONE:</b> <b>SSN:</b>  <b>INSURANCE:</b> NO INSURANCE AVAILABLE <b>POLICY:</b> <b>GROUP:</b> <b>RESPONSIBLE PARTY:</b> FARMER, TASHI <b>PHONE:</b>		
<b>NARRATIVE</b>		
<b>NARRATIVE</b> MEDIC 791 ARRIVED AT SCENE TO FIND CCFD PERFORMING CPR AND A METRO OFFICER DOING CHEST COMPRESSIONS. PER METRO THE PT WAS TAZED AND WAS BEING RESTRAINED WHEN HE WENT IN TO CARDIAC ARREST. METRO OFFICERS STARTED CPR PRIOR TO CCFD OR MEDIC 791 ARRIVAL. CCFD ADVISED THAT THE PT WAS IN ASYSTOLE WHEN THEY ARRIVED CCFD STARTED A IV AND M791 ADMISTURED 1MG OF EPI. PT WAS THEN NOTED TO BE IN PEA. AND IGEL WAS PLACED BY CCFD PT WAS THEN LOADED ON TO THE GURNEY AND LOADED IN TO THE LSU AND CODE THREE TRANSPORT WAS STARTED TO SUNRISE HOSPITAL. BETWEEN LOADING THE PT AND TRANSPORTING THE IV GOT PULLED OUT ANOTHER IV WAS STARTED ABOVE THE OLD SITE AND 1MG OF EPI WAS ADMISTURED. PT REMAINED IN PEA THREW OUT TRANSPORT NO SHOCKS WERE DELIVERED. PT'S PHYSICAL EXAM WAS UNREMARKABLE PT WAS TRANSPORTED TO THE HOSPITAL WITH OUT INCIDENT.		
<b>IMPRESSION</b>		
<b>PRIMARY IMPRESSION:</b> CARDIAC - CARDIAC ARREST <b>SECONDARY IMPRESSION:</b> RESPIRATORY - RESPIRATORY ARREST		

116967880

<https://medsviewer.amr.net/>

5/16/2017



FARMER, TASHI  
 DOB: 12/16/1976 (40)  
 SEX: MALE  
 CASE #: 170125183  
 DOS: 05/14/2017

## HISTORY OF PRESENT ILLNESS

CHIEF COMPLAINT(S):

CHIEF COMPLAINT CATEGORY: CARDIAC ARREST

## MEDICAL HISTORY

HISTORY OBTAINED FROM: NOT OBTAINED  
 MEDICAL HISTORY: UNKNOWN  
 ALLERGIES: NOT KNOWN

## VITAL SIGNS

TIME	BLOOD PRESSURE	PULSE	RESP	GLASGOW COMA SCALE				EKG	SPO2	BLOOD GLUCOSE	PAIN SCALE
				E	V	M	TOTAL				
PTA								PULSELESS ELECTRICAL ACTIVITY			
01:08	NT	0	0	1	1	1	3				
01:16	NT	0	0	1	1	1	3				

## PHYSICAL FINDINGS

WEIGHT: 90.7 KG; 200 LBS

PHYSICAL ASSESSMENT

HEAD: SYMMETRICAL

NECK: NO JVD

CHEST: SYMMETRIC WITH BILATERAL CHEST RISE

ABDOMEN: SOFT, NON-TENDER

PELVIS: STABLE

BACK: SYMMETRIC

EXTREMITIES: FULLY INTACT, PURPOSEFUL MOVEMENT

## TREATMENTS

PTA	TIME	CAREGIVER	PROCEDURE
X		LVMPD	CHEST COMPRESSION - INDICATION: CARDIAC ARREST; TYPE: MANUAL; RESULT AFTER: UNCHANGED
X		CLARK COUNTY FIRE DEPARTMENT	EKG/ECG - INDICATION: CARDIAC ARREST; TYPE: PATCHES/PADDLES: CLINICIAN INTERPRETATION: PULSELESS ELECTRICAL ACTIVITY; EKG TRANSMITTED: NO
	01:06:00	SHEPHERD, JOHN,MWA	VITAL SIGNS -

<https://medsviewer.amr.net/>

5/16/2017

FARMER, TASHI  
 DOB: 12/16/1976 (40)  
 SEX: MALE  
 CASE #: 170125183  
 DOS: 05/14/2017

PTA	TIME	CAREGIVER	PROCEDURE
			GLASGOW COMA SCALE - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: NO QUALIFIER
			VITALS - BLOOD PRESSURE NOT TAKEN; PULSE: 0; PULSELESS; PULSE REGULARITY: ABSENT; PULSE STRENGTH: ABSENT; PULSE TAKEN AT: CAROTID; RESPIRATORY RATE: 0; RESPIRATORY DEPTH: ABSENT; RESPIRATORY EFFORT: ABSENT
01:09:00		CLARK COUNTY FIRE DEPARTMENT	VASCULAR ACCESS - TYPE: PERIPHERAL IV; SITE: ANTECUBITAL-LEFT; GAUGE: 18; ATTEMPTS: 1; RESULT AFTER: UNCHANGED; PROCEDURE WAS: SUCCESSFUL; TOTAL VOLUME INFUSED (ML): 400.0
01:09:00		CLARK COUNTY FIRE DEPARTMENT	INTUBATION - INDICATION: CARDIAC ARREST; TYPE: I-GEL AIRWAY; TUBE SIZE: SIZE4; # OF ATTEMPTS: 2; TUBE CONFIRMATION STEPS: AUSCULTATION OF BILATERAL BREATH SOUNDS, ETCO2 WAVEFORM DETECTOR, DIGITAL ETCO2 NUMERIC, NEGATIVE EPIGASTRIC SOUNDS, RESULT AFTER: UNCHANGED; PROCEDURE WAS: SUCCESSFUL
01:10:00		SHEPHERD, JOHN, MWA	MEDICATION ADMINISTRATION - EPINEPHRINE (1:10,000) 0.1MG/ML SYRINGE - 1 MG INTRAVENOUS; RESULT AFTER: UNCHANGED
01:11:00		CLARK COUNTY FIRE DEPARTMENT	CAPNOMETRY/CAPNOGRAPHY - CO2 VALUE: 40; WAVEFORM RESULT: NORMAL
01:16:00		CLARK COUNTY FIRE DEPARTMENT	INTUBATION REASSESSMENT - CONFIRMATION STEPS: ETCO2 WAVEFORM DETECTOR, DIGITAL ETCO2 NUMERIC, AUSCULTATION OF BILATERAL BREATH SOUNDS; TUBE IN PLACE: YES
01:16:00		SHEPHERD, JOHN, MWA	VITAL SIGNS -
			GLASGOW COMA SCALE - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: NO QUALIFIER
			VITALS - BLOOD PRESSURE NOT TAKEN; PULSE: 0; PULSELESS; PULSE REGULARITY: ABSENT; PULSE STRENGTH: ABSENT; PULSE TAKEN AT: CAROTID; RESPIRATORY RATE: 0; RESPIRATORY DEPTH: ABSENT; RESPIRATORY EFFORT: ABSENT
01:18:00		SHEPHERD, JOHN, MWA	VASCULAR ACCESS - TYPE: HEP/SALINE LOCK; SITE: ANTECUBITAL-LEFT; GAUGE: 18; ATTEMPTS: 1; RESULT AFTER: UNCHANGED; PROCEDURE WAS: SUCCESSFUL; TOTAL VOLUME INFUSED (ML): 400.0
01:18:00		SHEPHERD, JOHN, MWA	CAPNOMETRY/CAPNOGRAPHY - CO2 VALUE: 40; WAVEFORM RESULT: NORMAL
01:19:00		SHEPHERD, JOHN, MWA	FACILITY ACTIVATION - ACTIVATION TYPE: CARDIAC ARREST ALERT; ACTIVATION METHOD: RADIO
01:19:00		SHEPHERD, JOHN, MWA	MEDICATION ADMINISTRATION - EPINEPHRINE (1:10,000) 0.1MG/ML SYRINGE - 1 MG INTRAVENOUS; RESULT AFTER: UNCHANGED
CARDIAC ARREST			
		REASON FOR ARREST: NOT KNOWN	FIRST KNOWN RHYTHM: ASYSTOLE
		WITNESSED ARREST: YES	PATIENT FIRST DEFIBRILLATED BY: NONE
		ARREST WITNESSED BY:	MECHANICAL ADJUNCTS USED: NONE

<https://medsviewer.amr.net/>

5/16/2017

FARMER, TASHI  
DOB: 12/16/1976 (40)  
SEX: MALE  
CASE #: 170125183  
DOS: 05/14/2017

FIRST RESPONDER (NON TRANSPORTING AGENCY)  
DISPATCHER CPR INSTRUCTIONS: UNKNOWN  
WHO FIRST PROVIDED CPR:  
FIRST RESPONDER (NON TRANSPORTING AGENCY)  
AED PRIOR TO EMS ARRIVAL: NO  
TIME OF FIRST CPR: 01:05:00

PULSE RETURNED: NO  
PULSE UPON ARRIVAL AT HOSPITAL: NO  
EVENT RESOLUTION: PRONOUNCED IN THE ED  
TIME CPR ABANDONED/DEATH: 01:39:00

**RUN COMPLETION**

CONDITION OF PATIENT AT DESTINATION: UNCHANGED

PRIVACY PRACTICES: THE NOTICE OF PRIVACY PRACTICES WAS UNABLE TO BE PROVIDED

PCR ID: 2017051401371804310

DEVICE: VMWAMEDS37

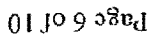
PRINTED: 5/16/2017 08:36:46

<https://medsviewer.amr.net/>

5/16/2017

Patient:FARMER, TASHI SEBASTIAN MRN:D002425051 Encounter:D00115967880 Page 4 of 10

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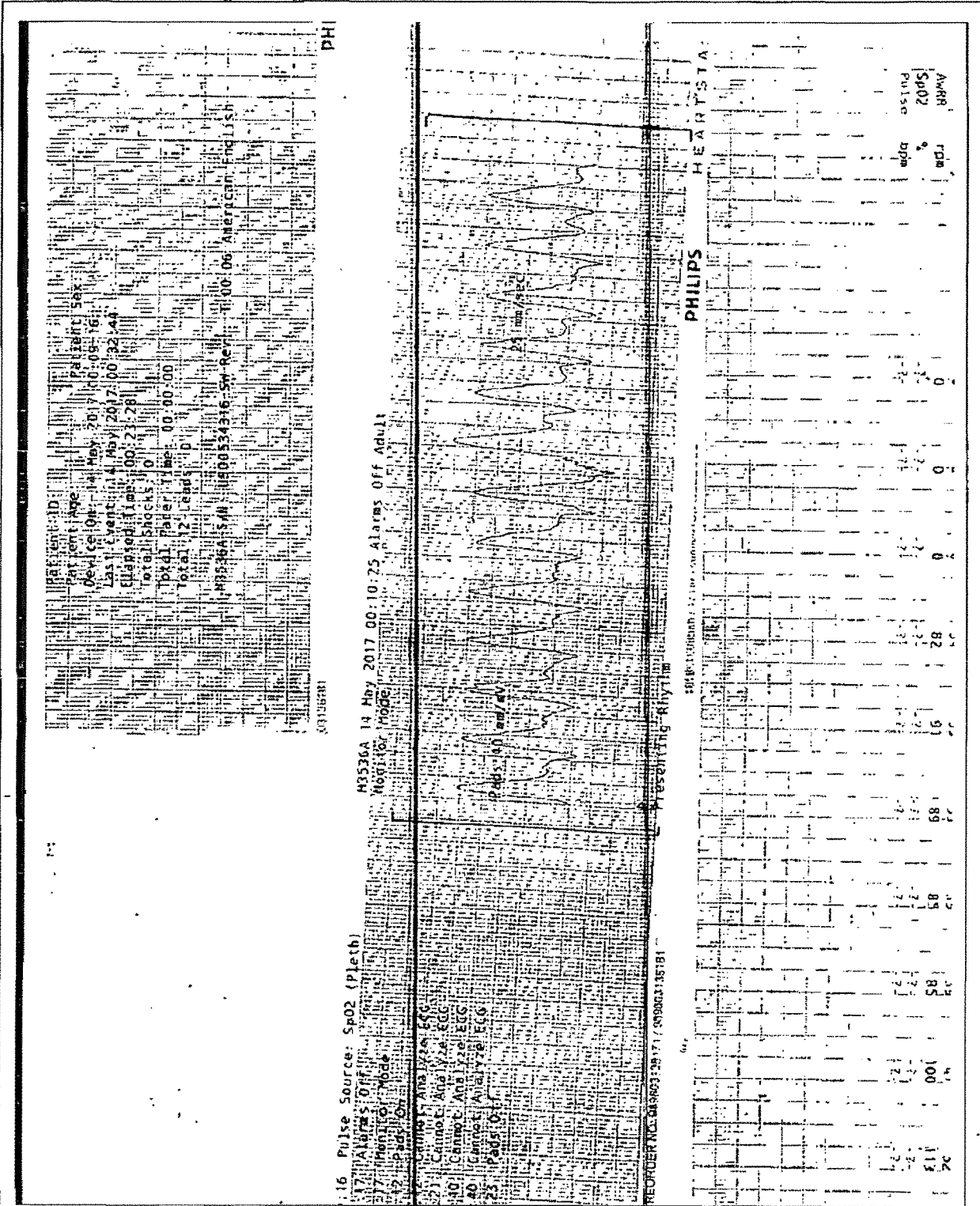
5/16/2017

https://medviewer.amr.net/

PRINTED: 5/16/2017 08:36:46

DEVICE: VMWAMEDS37

PCR ID: 2017051401371904310







CLARK MEDIC WEST (NV)  
PRE-HOSPITAL CARE REPORT SIGNATURES

CASE #: 170125183

UNIT ID: M791

DATE: 05/14/2017

CLARK MEDIC WEST (NV) CREW MEMBERS

CREW 1

NAME: SHEPHERD, JOHN,MWA

NUMBER: 106425

CERTIFICATION: PARAMEDIC

CREW 2

NAME: CLARK, DANIEL,MWA

NUMBER: 58609

CERTIFICATION: PARAMEDIC

PCR ID: 2017051401371804310

DEVICE: WMWAMEDS37

PRINTED: 5/16/2017 08:36:48

<https://medsviewer.amr.net/>

5/16/2017

Patient:FARMER, TASHI SEBASTIAN MRN:D002425051 Encounter:D00115967880 Page 8 of 10

**American Medical Response**

Run Number: 170125183

Date and Time of Transport: 5/14/2017 01:15:06

Patient Name: Tashi Farmer

Destination: SUNRISE HOSP MED CNTR, 3186 SOUTH MARYLAND PARKWAY, LAS VEGAS, NV 89109

I acknowledge that I am legally responsible for the ambulance services provided to me. I request and assign payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to AMR directly for any ambulance services and supplies furnished to me by AMR whether in the past, now, or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers and their respective agents and contractors, as well as AMR, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services whether in the past, now or in the future. I agree to cooperate with AMR or its agent in collecting any such benefits. I acknowledge that I have been provided with a copy of AMR's Notice of Privacy Practices. I expressly authorize AMR, its related corporate entities, associates, agents, servicers, debt collectors and independent contractors, to contact me or any responsible party at any telephone number (including numbers assigned to any paging, cellular, or mobile service, or any service which charges for the call) mailing address, e-mail address, or any other electronic address used by, or associated with, me or any responsible party and obtained through any source (including any telephone number I, any responsible party, or any party accompanying me at the time of service, have provided previously or may provide in the future) for the purpose of resolving any unpaid balances or any other pertinent issues regarding this account. I expressly agree any such contact by AMR, its related corporate entities, associates, agents, servicers, debt collectors and independent contractors, may be through any means (including a dialer, automatic telephone dialing system, predictive dialer, interactive voice recognition system, pre-recorded or artificial voice, pre-set email messages, or any pre-set electronic messages delivered by any other electronic messaging or text messaging system). Patient or Guarantor agrees and acknowledges any e-mail address or any other electronic address Patient or Guarantor provides to AMR is Patient's or Guarantor's private address, is not owned or furnished by their employer and cannot be accessed by unauthorized third parties. Patient or Guarantor also authorizes AMR or its agents or associates to obtain a credit report to assist in the collection of any unpaid balances. Nothing herein shall relieve me from the direct financial responsibility for any charges not paid by an insurer. I further agree to send promptly to AMR any payments that an insurer forwards to me.

Signature of Patient

Date

**REPRESENTATIVE SIGNATURE**

Reason Patient could not Sign :

Signature of Representative

Printed Name of Representative

Date

**FACILITY SIGNATURE**

Complete this section only if you are unable to obtain the signature of the patient or authorized representative listed above.

Reason Patient could not Sign: Cardiac Arrest

By signing below, I certify that the above named patient was physically or mentally incapable of signing at the time of transport and that none of the individuals listed in 42 C.F.R. §424.36(b)(1)-(3) was available or willing to sign the claim on behalf of the beneficiary.

Crew Signature



05/14/2017

Crew Date

This section is to be complete by a representative of the receiving facility, whenever you are unable to obtain the signature of the patient or an authorized representative. Note: The crew must also complete the "Crew Signature" Section above.

Name and Location of Facility: SUNRISE HOSP MED CNTR, 3186 SOUTH MARYLAND PARKWAY

The above named patient, as described by AMR, was received by our facility, which provided care or assistance to the patient, on the date and time set forth above.

Signature of Receiving Representative



05/14/2017

Date

Anabelle

Printed Name of Receiving Facility Representative

Registered Nurse

Title

AMR is required to obtain this form in order to submit a claim for payment to Medicare or other third party payer. This Signature is not an acceptance of financial responsibility for the patient.

CASE #: 170125183  
PCR ID: 2017051401371804310  
DATE: 05/14/2017

PAGE 1 OF 1  
PT: TASHI FARMER

PRINTED: 5/16/2017 08:38:46  
DEVICE NAME: VMWAMEDS37  
PT # 1 OF 1: 5/16/2017 08:38:46

<https://medsviewer.amr.net/>

5/16/2017

Patient: FARMER, TASHI SEBASTIAN MRN: D002425051 Encounter: D00115967880 Page 9 of 10



## CHECKPOINT AUDIT TRAIL


SITE: CLARK MEDIC WEST

PCR ID: 2017051401371804310

Date Entered CheckPoint	Case Number	DOS	Total Age(hrs)	Is Trip In CheckPoint
2017-05-14T04:38:29.99	170125183	2017-05-14T00:00:00	52	Yes

Queue Name	Timer Entered Queue	Time Submitted	Hours Present	Submitted/Moved by	Submitted Method
Private Pay 96 Hr	2017-05-14T04:38:29.99		52		

Field Name	Old Value	New Value	Time Modified	Modified by

<https://medsviewer.amr.net/>
 5/16/2017

Patient: FARMER, TASHI SEBASTIAN MRN: D002425051 Encounter: D00116967880 Page 10 of 10

## RELEASE OF BODY AUTHORIZATION

## DECEASED INFORMATION

PATIENT NAME: Tashi Sebastian Farmer ROOM #: 50  
 ADMIT DATE: 5/14/17 DATE OF BIRTH: 12/16/17 DATE / TIME OF DEATH: 5/14/17, 0139  
 RELIGIOUS PREFERENCE ☐ Catholic ☐ Jewish ☐ Other (Specify) UNKNOWN  
☐ Protestant ☐ Latter Day Saints/Mormon

THIS IS TO CERTIFY THAT I / WE, THE UNDERSIGNED, CONSENT TO THE CONSIGNMENT OF:  
Tashi Sebastian Farmer DECEASED, TO THE Dans Funeral Home MORTUARY.

SIGNATURE OF RESPONSIBLE FAMILY MEMBER

WITNESS SIGNATURE / TITLE

PRINT NAME OF RESPONSIBLE FAMILY MEMBER

WITNESS SIGNATURE / TITLE (FOR TELEPHONE CONSENT)

RELATIONSHIP TO DECEASED

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: 1912 Embrey AveCITY: Las Vegas STATE: NV ZIP: 89106 NAME OF ATTENDING PHYSICIAN: Flores

HOUSE SUPERVISOR IS TO BE INFORMED OF THE DEATH

WITHIN 1 HOUR OF PATIENT'S EXPIRATION: HOUSE SUPERVISOR NOTIFIED AT 01:44 HOURS (military time).

DISPOSITION OF PERSONAL BELONGINGS

AUTOPSY

CORONER NOTIFIED

PUBLIC ADMINISTRATOR NOTIFIED

POLICE DEPARTMENT NOTIFIED

ORGAN / TISSUE DONOR

IDENTIFICATION BRACELET PRESENT (REQUIRED)

☒ Patient☐ YES☒ YES☐ YES☒ YES☐ YES☒ YES☐ PUBLIC SAFETY☐ NO☐ NO☐ NO☐ NO☐ NO☐ NO

FETAL DEMISE

WT.: \_\_\_\_\_

GESTATIONAL AGE: \_\_\_\_\_

DEATH IN RESTRAINTS (EXCLUDING SOFT WRIST RESTRAINTS)

Did the death occur while the patient was in restraints/seclusion?

☐ YES ☒ NO

Did the death occur within 24 hours after the patient was removed from restraints/seclusion?

☐ YES ☒ NO

Death within one week of restraint remove ONLY if it is reasonable to assume that the restraint use was contributed to the death?

☐ YES ☒ NO☐ YES\* ☒ NO

\* If yes, what type of restraint was used? \_\_\_\_\_

DONOR ORGAN RECOVERY SERVICE NOTIFIED: DATE: 5/14/17 TIME: 0134 NAME OR CASE # 2017-04026

WE HAVE RECEIVED THE ABOVE NAMED BODY, WITH IDENTIFICATION BRACELET PRESENT AS STATED ABOVE FROM SUNRISE HOSPITAL AND MEDICAL CENTER &amp; SUNRISE CHILDREN'S HOSPITAL

Brittany Elliott 5/14/17 0358 Travis Turner 5/14/17 0358  
 Sunrise Representative Date Time Mortuary Representative Date Time

Bell Turner  
 Print Name Print Name



RELEASE OF BODY AUTHORIZATION



\* T R E A T \*

RE0025-SZ v5 (Rev. 02/15) Page 1 of 1

FARMER, TASHI SEBASTIAN

D00115967880 PRE ER

05/14/17 0122

DOB: 12/16/76 40 M MR# D002425051  
 Las Vegas, NV Sunrise Hospital and Med C

ID# 051417011819 14 May 17 13:05 HR

Paddies

x1.0 2.5-30Hz 25mm/sec 000 000 3011371-095 2G04KROKG3GG7R LP1212292899

HR \_\_\_\_\_ PR \_\_\_\_\_ QRS \_\_\_\_\_ QT \_\_\_\_\_

INTERPRETATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ID# 051417011819 14 May 17 13:16 HR

Paddies

2.5-30Hz 25mm/sec 000 000 3011371-095 2G04KROKG3GG7R LP1212292899

HR \_\_\_\_\_ PR \_\_\_\_\_ QRS \_\_\_\_\_ QT \_\_\_\_\_

INTERPRETATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ID# 051417011819 14 May 17 13:38 HR

Paddies

x1.0 2.5-30Hz 25mm/sec 000 000 3011371-095 2G04KROKG3GG7R LP1212292899

HR \_\_\_\_\_ PR \_\_\_\_\_ QRS \_\_\_\_\_ QT \_\_\_\_\_

INTERPRETATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



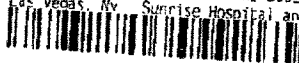
## RHYTHM STRIP RECORD



\* T E L E \*

SHMC-CVTU-0001(rev. 04/15) Page 1 of 2

FARMER, TASHI SEBASTIAN  
 D00115967880 PRE ER  
 05/14/17 0122  
 DOB: 12/16/76 40 M MR# D002425051  
 Las Vegas, NV Sunrise Hospital and Med C



ID# 051417011819 14 May 17 1:30:38 HR 108  
 Paddles  
 Shock: 1 200J  
 X1.0 2.5-30Hz 25mm/sec 000 000 3011371-095 2604KHOK6366/R LP1212292899  
 HR \_\_\_\_\_ PR \_\_\_\_\_ QRS \_\_\_\_\_ QT \_\_\_\_\_  
 INTERPRETATION: \_\_\_\_\_  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ID# 051417011819 14 May 17 1:37:49 HR 108  
 Paddles  
 X1.0 2.5-30Hz 25mm/sec 000 000 3011371-095 2604KHOK6366/R LP1212292899  
 HR \_\_\_\_\_ PR \_\_\_\_\_ QRS \_\_\_\_\_ QT \_\_\_\_\_  
 INTERPRETATION: \_\_\_\_\_  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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 INTERPRETATION: \_\_\_\_\_  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**SUNRISE**  
 HOSPITAL & MEDICAL CENTER

# RHYTHM STRIP RECORD



\* T E L E \*

SHMC-CVTU-0001(rev. 04/15) Page 1 of 2

FARMER, TASHI SEBASTIAN  
 D00115967880 PRE ER  
 05/14/17 01:22 M MR# D002425051  
 DOB: 12/16/76 40 Sunrise Hospital and Med C  
 Las Vegas, NV



SUNRISE HOSPITAL AND MEDICAL CENTER  
SUNRISE CHILDREN'S HOSPITAL  
3186 S MARYLAND PARKWAY  
LAS VEGAS, NV 89109

REPORT NAME: CASE MANAGEMENT REPORT

PATIENT'S NAME: FARMER, TASHI SEBASTIAN  
DOB: 12/16/76 SEX/AGE: M /40  
ATTENDING PHYS: Flores, Patrick H DO  
ADMISSION DATE: 05/14/17  
DISCHARGE DATE:  
UNIT NO: D002425051  
ACCOUNT NO: D00115967880  
PT TYPE: REG ER  
LOCATION: D.ER

-----  
HCM SUPPORT SERVICES  
-----

HCM Support Services User Fields:

Discharge Disposition: 20 - Expired at facility

-----  
Date Entered: 5/14/2017  
Service Type: \*Case Management  
Case Worker: Sunrise, ED Adult  
Worklist Date: 5/14/2017

Time: 4:23 AM  
Payer: MEDICAID PENDING

Comments:

---5/14/2017 0426 by Liz Chapa---

LSW NOTE: SW contacted by relief ER Charge Nurse that pt was brought in earlier and has expired. Pt arrived via EMS after an altercation with Metro PD. No family arrived with pt and Metro did not have any information other than an ID.

SW discussed case with Metro Officer and it is now a Coroner's Case and they will be taking over.

-----  
HCM DISCHARGE PLANNING

No HCM Discharge Planning data on file for this encounter in MIDAS+

=====  
Updated by: Chapa, Liz (DCMEC1) - 5/14/2017 4:26 AM  
=====

PATIENT NAME: FARMER, TASHI SEBASTIAN

ACCOUNT #: D00115967880